



Initial reporting of domestic violence

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Problem 1: A high prevalence of domestic violence is accompanied by low reporting

rates: 29% of women in the UK will experience physical and/or sexual violence from an intimate partner in their life (OECD, 2021). Despite the high prevalence and serious effects of domestic violence, rates of reporting are generally low (e.g., Lelaurain et al, 2017).

Problem 2: There are known barriers to disclosing and reporting domestic

violence: Many factors act as barriers to disclosure, including the type and severity of violence, inaccessibility of services to certain population groups, and a lack of trust in institutional services (Lelaurain et al, 2017), as well as a "fear of being disbelieved" and a "fear of retribution by the offender" (Taylor & Gassner, 2010, p. 241). These are mainly interview studies.

Problem 3: The Covid-19 pandemic amplified prevalence while further exacerbated barriers to reporting: The 'stay at home' message, designed to keep people safe was paradoxical for those for whom home is the site of physical, psychological, and sexual abuse (Bradbury-Jones & Isham, 2020).

The project aims:

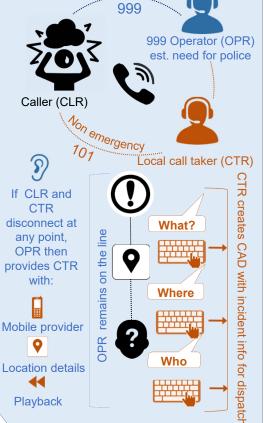
- To understand how people report domestic abuse directly to the police.
- To understand how police call-takers respond to and progress incoming reports.
- To identify barriers to reporting domestic violence to the police.
- To compare calls prior to and during the COVID-19 pandemic.
- To identify (in)effective practice and develop research-based training for call-takers.

The data & method:

- 999 and 101 calls where the caller was reporting Domestic Violence.
- 100 during in the first national 'lockdown' in England and 100 six months prior.
- Redacted, pseudonymised & transcribed.
- Conversational analysis (CA)

The Road Map to reporting Domestic Violence

Emergency







How do people report domestic violence and abuse directly to the police?

 \bullet 91% of callers formulate direct requests for help, or otherwise do not attempt to disguise the topic of DVA as part of their reason for calling.

01 CTR: Police Emerge_incy:
02 CLR: .hh 'ello yeah, uhm I need yuh to come
03 to one-oh-one The Ridge
04 CTR: One-oh-one The Ridge=
05 CLR: =ye[ah.
06 CTR: [() the postcode the:re,
07 CLR: Uh tee tee sixty-four three en em.
08 (0.5)
09 CTR: Okay. An' what's happened.
10 CLR: UH assault.

01 OPR: (There's) no request,=but (.) it >sounds like<
02 someone's gonna speak but (no it's just) raised
03 voices(there) in [the background,]
04 CLR: [(WELL CARRY ON)]
05 (1.2)
06 CTR: Hello: caller,=You're >through to the< poli:ce,
07 (1.0)
08 CLR: ((Rustling noise))
09 (0.4)
10 CTR: Hello:.

• However, 9% of the calls were ambiguous, callers either requested the police but this request was not sustained (e.g. the caller terminated the call before a genuine need could be established) or used indirect methods (e.g., 'active silent' calls; key pressing, non-lexical sounds; asking for something other than the police). Call-takers deftly established genuine from accidental or potentially hoax calls.

How did the pandemic affect reporting?

- Callers mentioned the Covid-19 pandemic in their reporting in two ways. Firstly, violating
 the legal requirement to stay at home and social distance was often built into the reason
 for the call adding a legal justification to what might otherwise be an unpoliceable matter
 (e.g., going outside of the home drinking and returning) and secondly, to frame the self
 positively, as someone who follows the guidance and the other negatively as someone
 who does not.
- We also saw institutional practices change during the time of data collection, as remote appointments became offered routinely and as Covid-19 health checks were asked as a prerequisite to officers attending an incident.

How call takers respond to and progress incoming reports?

- Call-takers quickly and effectively identified calls requiring transfer to book an appointment, avoiding the caller not having to repeat a lengthy (and difficult) narrative.
- However, many callers are transferred from the initial intake call to a call-taker in the control room, but not all initial and subsequent calls were answered clearly enough to indicate where the caller was on their overall 'roadmap'. We suggested that each transferred call is treated as a new call, with a different greeting to indicate progression.